

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049,464 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* IND.	* IND.	* IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				51			
2		/		/			52			
3	/		/				53			
4	/		/				54			
5	/		/				55			
6	/		/				56			
7	/		/				57			
8	/		/				58			
9	/		/				59			
10	/		/				60			
11	/		/				61			
12	/		/				62			
13	/		/				63			
14	/		/				64			
15	/		/				65			
16	/		/				66			
17	/		/				67			
18	/		/				68			
19							69			
20							70			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4		4				TOTAL IND.			
TOTAL DEP.	14	↓	14	↓			TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	18		18				TOTAL CLAIMS			